CORRESPONDENCE

Breast Carcinoma in Men

A Population-Based Study

We read with interest the recent article by Giordano et al.[1] Utilizing the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database for breast carcinoma cases diagnosed among men between 1973–1998 (August 2000 submission), they reported a 26% increase in the overall incidence rate of male breast carcinoma, based on 5-year increments and including in situ tumors. The explanation for this increase was unclear, meriting further investigation.

Using the more recent SEER database for breast carcinoma cases diagnosed through 2001 (November 2003 submission), we added 3 years of observation and compared stage-specific trends among male and female breast carcinoma cases. Overall breast carcinoma rates were found to have increased 29% for men and 58% for women, based on 5-year increments and including in situ tumors. During the last three decades there were temporal increases for in situ and invasive localized breast carcinomas with decreases for invasive regional and distant tumors, among both men and women. Rates of in situ tumors increased the most rapidly: 123% and 555% among men and women, respectively. Invasive localized disease rates were found to have increased a more modest 37% and 78% among men and women, respectively. Conversely, the disease rates of invasive regional and distant breast carcinoma declined for men and women during the 1980s and 1990s. For example, the distant disease rate was found to have decreased 41% among men from 0.09 per 100,000 man-years during 1975–1980 to 0.053 per 100,000 man-years during 1997–2001.

The rapid rise in early-stage female breast carcinomas diagnosed during the 1980s undoubtedly resulted from increases in screened-derived "occult" in situ and invasive localized tumors.[2] Advances in screening mammography could not account for the dramatic increases noted in early-stage breast carcinoma among men, given that men are not routinely screened for breast carcinoma. However, a heightened awareness of male breast carcinoma might result in the earlier detection of "symptomatic" in situ and invasive localized tumors because of the easier detection of small lesions in men with a small breast volume.[3]

Male breast carcinoma is a rare disease and the absolute numbers for breast carcinoma cases among men were low for certain stages of disease. Therefore, we must interpret stage-specific male breast carcinoma rates with caution. Nonetheless, temporal trends for male breast carcinoma have remained essentially stable for decades whereas those for female breast carcinoma have increased worldwide.[4,5] Additional surveillance is certainly warranted to determine whether the recent report by Giordano et al.[1] foreshadows a change in the risk of male breast carcinoma or simply reflects earlier detection over time.

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Author Reply

We thank Drs. Anderson and Devesa for their interest in our recent article.[1] In their letter, they provide stage-specific incidence rates. They report that the largest increase in the incidence of male breast carcinoma was observed among patients diagnosed with in situ tumors and, to a lesser extent, in patients with localized stage disease. Conversely, incidence rates for regional and distant stage disease decreased during the 1980s and 1990s.

We are in agreement that these stage-specific incidence rates reflect trends toward earlier diagnosis. However, given that men do not undergo routine screening with either mammography or physical examination, an increased rate of detection of breast carcinoma in men over time appears unlikely. Male breast carcinoma must be clinically apparent to be diagnosed. Certainly, the continued monitoring of breast carcinoma incidence trends is of importance to determine whether male breast carcinoma incidence rates continue to rise.

REFERENCE

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